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TO: Commissioner of Patents
FAX NO.: (571) 273-8300
FROM: Diana Rea, Esq.
DATE: August 29, 2005
MATTER: U.S. Serial No. 09/894,898 filed June 28, 2001
DOCKET NO.: SRI/4438
APPLICANT: Butzberger, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> RCE Transmittal (2 Copies)
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TRANSMITTAL FORM	Application Number	09/894,898
	Filing Date	June 28, 2001
	First Named Inventor	Butzberger, et al.
	Art Unit	2654
	Examiner Name	Pierre, Myriam
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	Attorney Docket Number	SRI/4438

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Facsimile Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Diana Rea, Esq.		
Date	August 29, 2005	Reg. No.	54,938

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